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PTO/SB/50 (02-01)

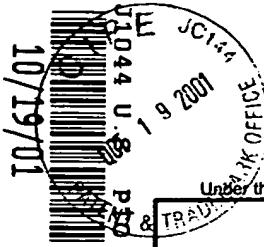
Approved for use through 01/31/2004. OMB 9651-0032
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REISSUE PATENT APPLICATION TRANSMITTAL

<p>Address to:</p> <p>Assistant Commissioner for Patents Box Reissue Washington, DC 20231</p>		<p>Attorney Docket No. 7594.10 First Named Inventor Lutz et al. Original Patent Number 5,967,264 Original Patent Issue Date (Month/Day/Year) 10/19/99 Express Mail Label No. EK295543623US</p>		
<p>APPLICATION FOR REISSUE OF: (Check applicable box)</p>		<input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent		
<p>APPLICATION ELEMENTS (37 CFR 1.173)</p>		<p>ACCOMPANYING APPLICATION PARTS</p>		
<ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate) 4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52) 6. <input checked="" type="checkbox"/> Power of Attorney 7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96) 8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table 9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) <ol style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies 		<ol style="list-style-type: none"> 10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c). 11. <input type="checkbox"/> Original U.S. Patent for surrender <ul style="list-style-type: none"> <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) 12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable) 13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <ul style="list-style-type: none"> <input type="checkbox"/> Copies of IDS Citations 14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable) 15. <input checked="" type="checkbox"/> Preliminary Amendment 16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 17. Other: Offer to Surrender..... 		
<p>18. CORRESPONDENCE ADDRESS</p>				
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NAME (Print/Type) Paul W. Martin Signature		Registration No. (Attorney/Agent) 34870 Date 10/19/01		

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01-07-02

AIR RIS.

PTO/SB/56 (02-01)

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
7594.10

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 20	Total Claims (37 CFR 1.16(j))	(B) 20	**** 0 =	x \$ _____ =		or	x \$ 18 = \$ 0
(C) 2	Independent claims (37 CFR 1.16(l))	(D) 2	• 0 =	x \$ _____ =			x \$ 84 = \$ 0
							\$ 740
						OR	\$ 740

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 46	MINUS	** 20	* = 26	x \$ _____ =		x \$ 18 = \$ 468	x \$ 84 = \$ 336
Independent Claims (37 CFR 1.16(l))	*** 7	MINUS	***** 3	= 4	x \$ _____ =			
							OR	\$ 804

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Applicant claims small entity status. See 37 CFR 1.27.

Please charge Deposit Account No. 14-0225 in the amount of _____.
A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 14-0225.
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10/19/01

Date

Signature of Applicant, Attorney or Agent of Record

Paul W. Martin

Typed or printed name